



## Non-Residential Building Permit for Temporary Structures Application

File Number: \_\_\_\_\_

Application Date: \_\_\_\_\_ Rec'd by: \_\_\_\_\_

FOR OFFICE USE ONLY

6015 Glenwood Street ■ Garden City, Idaho 83714 ■ Phone 208/472-2921 ■ Fax 208/472-2926

[building@gardencityidaho.org](mailto:building@gardencityidaho.org) Inspection Hotline 208/472-2920

**PRINCIPLE CONTACT NAME:** \_\_\_\_\_

E-mail: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
I am or have the owner's permission to submit this application. I agree to be responsible for all application materials, fees and application correspondence with the City. I have completed the application checklist noting all applicable pages and supporting documents for the project. I attest that all information is complete and accurate to the best of my knowledge.

**\*Note this person is the main contact. The applicant will be responsible for coordinating, reviewing, ensuring that all construction documents have been prepared by qualified design professionals, and submitting such materials. All application correspondence will be through this person.**

Property Owner Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Business/Tenant Name: \_\_\_\_\_ Registered Agent: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Website: \_\_\_\_\_

### PROJECT INFORMATION:

**Temporary Structure**

Describe the Structure (Total Sq. Ft./Materials/etc.): \_\_\_\_\_  
\_\_\_\_\_

**Date(s) the Temporary Structure is to be placed:** FROM: \_\_\_\_\_ TO: \_\_\_\_\_

*\*Please make note of GCC 8-2C-38: 3. Except as otherwise defined in this section, one temporary use is allowed on a property for a specified period not exceeding two (2) weeks in any twelve (12) month period from the date of issuance of a temporary use permit..*

**Project Address** (\*Note Official Ada County Numbered Addresses are required:)

Street #: \_\_\_\_\_ Unit: \_\_\_\_\_ Street Name: \_\_\_\_\_ Garden City, ID 837\_\_\_\_\_

Parcel #: \_\_\_\_\_

Is project in flood plain? Yes/No

**Nature of Work for this Permit and Business Activities:** \_\_\_\_\_  
\_\_\_\_\_

## **APPLICATION CHECKLIST INFORMATION REQUIRED**

**Incomplete Applications will NOT be accepted**

### **The applicant is responsible to submit the following information:**

***\*\*Please initial or mark as N/A:***

- \_\_\_ An electronic copy of all plans and submittal documents in pdf or word format
- \_\_\_ Complete Non Residential Building Permit for Temporary Structures application
- \_\_\_ Affidavit of Legal Interest
  - If the property owner is acting as the applicant, this form shall still be required to be signed and notarized by the property owner or authorized agent
- \_\_\_ Submittal Fee: See Fee Schedule (plan review base fees will be paid at time of submittal)
  - Fire Review Fee required at submittal
  - Fire Review fees will be determined as per the North Ada County Fire & Rescue current fee schedule  
Ph: (208) 375-0906 Fax: (208) 375-0966
- \_\_\_ Site plan showing setbacks
- \_\_\_ Description of anchoring for the structure
- \_\_\_ Approvals from North Ada County Fire and Rescue, Garden City Police Department and, if applicable, Central District Health Department

### **Please Note:**

- Final approval of this permit shall be contingent upon satisfactory inspection observation including required witnessing of testing. It is the applicant's responsibility to call in required inspections/observations by 4:00 p.m. the working day prior to requested inspection (208) 472-2920



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## Property Owner Permission (Affidavit of Legal Interest)

State of Idaho )  
                  )SS  
County of Ada )

I, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Name \_\_\_\_\_ Address of Owner  
(must be primary owner as noted in Ada County Assessor's records.  
If the primary owner is a business write the business name)

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City \_\_\_\_\_, State and Zip \_\_\_\_\_

Being first duly sworn upon oath, depose and say:

1. That I am the record owner of the property described on the attached, and I grant my permission to \_\_\_\_\_,  
Name of Applicant  
to submit the accompanying application pertaining to \_\_\_\_\_,  
Garden City Idaho, 837\_\_\_\_ property. Address of Property Subject to this Affidavit
2. I agree to indemnify, defend, and hold the City of Garden City and its employees harmless from any claim or liability resulting from any dispute as to the statements contained herein or as to the ownership of the property which is the subject of the application.
3. I hereby grant permission to City of Garden City staff to enter the subject property for the purpose of site inspections related to processing said applications.
4. I acknowledge that all fees related to said applications and improvements are ultimately the property owner's responsibility.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

**Signature** **Printed Name**  
(must be primary owner, registered agent, or otherwise have legal authority to sign on behalf of primary owner)

**Subscribed and sworn to before me the day and year first above written.**

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**Notary Public for Idaho**

Residing at: \_\_\_\_\_

My Commission expires \_\_\_\_\_